

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pacifici et al.

Serial No.: Not Assigned

Filed: Herewith

For: Use of Retinoid Receptor
Antagonists or Agonists in the
Treatment of Cartilage Bone
Pathologies

Examiner: Not Assigned

Group Art Unit: Not Assigned

I hereby certify that this correspondence is being deposited with the
United States Postal Service as Express Mail bearing Label No.
EL897831442US in an envelope addressed to: Box CPA; Assistant
Commissioner for Patents, Washington, D.C. 20231 on:

Date of Deposit: ~~2/23/02~~ 2/26/02

Printed Name of Person making Deposit: Carlos A. Fisher

Signature: Date of Signature: ~~2/23/02~~ 2/26/02

RECEIVED

MAR 04 2002

TECH CENTER 1600/2900

CERTIFICATE OF EXPRESS MAILING

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

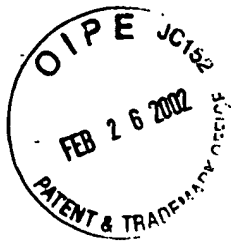
Specifically, accompanying this communication please find:

- (a) Transmittal sheet in two (2) pages (in duplicate);
- (b) Copy of Amendment has filed in Serial No. 09/552,823 on October 23, 2001;
- (c) Postcard;
- (d) Express Mail Transmittal Letter

Respectfully submitted,

Date: ~~2/23/02~~ ²⁵ 2/25/02
Carlos A. Fisher

ALLERGAN, INC.
T2-7H
2525 Dupont Drive
Irvine, CA 92612
Tel: 714-246-4920
Fax: 714-246-4249



RECEIVED

MAR 04 2002

TECH CENTER 1600/2900

COPY

Box AF - NON FEE

Rec'd in USPTO/PCT Office. Date Stamp and Return Card.

Date: 10/23/01

Serial No.: 09/552,823

Title: USE OF RETINOID RECEPTOR ANTAGONISTS.

Dkt. No.: 17327CIP(HL)

Enclosed Are:

- ☐ Specification # _____, Claims # _____, and Abstract # _____
- ☐ Drawings (_____ sheets)
 - ☐ Formal ☐ Informal
- ☐ Info. Disc. Statement
- ☐ Priority Documents # _____
- ☐ PTO 1449 W/References
- ☐ PCT Request (# pgs. _____)
- ☐ PCT Demand (# pgs. _____)
- ☐ PCT Response (# pgs. _____)
- ☐ PCT Amendment (# pgs. _____)

- ☐ Declaration, Power of Attorney
- ☐ Assignment & Cover Sheet
- ☒ Amendment (Final) (# pgs. 3)
- ☒ Certificate of Mailing
- ☐ Issue Fee Transmittal
- ☒ Transmittal Letter
- ☐ Extension of Time
- ☐ Express Mail No. _____
- _____
- _____
- _____

Box AF - NON FEE

Rec'd in USPTO/PCT Office. Date Stamp and Return Card.

Date: 10/23/01

Serial No.: 09/552,823

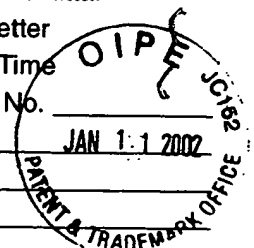
Title: USE OF RETINOID RECEPTOR ANTAGONISTS.

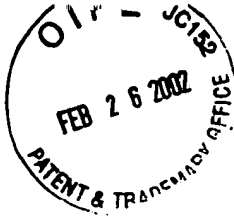
Dkt. No.: 17327CIP(HL)

Enclosed Are:

- ☐ Specification # _____, Claims # _____, and Abstract # _____
- ☐ Drawings (_____ sheets) RECEIVED
 - ☐ Formal ☐ Informal
- ☐ Info. Disc. Statement JAN 12 2002
- ☐ Priority Documents # _____
- ☐ PTO 1449 W/References
- ☐ PCT Request (# pgs. _____)
- ☐ PCT Demand (# pgs. _____)
- ☐ PCT Response (# pgs. _____)
- ☐ PCT Amendment (# pgs. _____)

- ☐ Declaration, Power of Attorney
- ☐ Assignment & Cover Sheet
- ☒ Amendment (Final) (# pgs. 3)
- ☒ Certificate of Mailing
- ☐ Issue Fee Transmittal
- ☒ Transmittal Letter
- ☐ Extension of Time
- ☐ Express Mail No. _____
- _____
- _____
- _____





Docket N . 17327CIP (HL)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Pacifici et al)
U.S. Serial No.: 09/552,823)
Filed: April 20, 2000)
For: USE OF RETINOID RECEPTOR)
ANTAGONISTS OR AGONISTS)
IN THE TREATMENT OF)
CARTILAGE AND BONE)
PATHOLOGIES)

Examiner: Fay, Z.

Group/Art Unit: 1614

RECEIVED
MAR 04 2002
TECH CENTER 1600/2900

TRANSMITTAL SHEET

Box AF-Non Fee
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application. Enclosed are:

- 1] Transmittal Sheet
- 2] Reply and Amendment (3 pgs.)
- 3] Return/Stamped Postcard

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box AF-Non Fee, Commissioner for Patents, Washington, D.C. 20231 on

10/23/01
(Date of Deposit)

10/23/01
Date of Signature

Bonnie Ferguson
Name of person mailing correspondence

Bonnie Ferguson
Signature

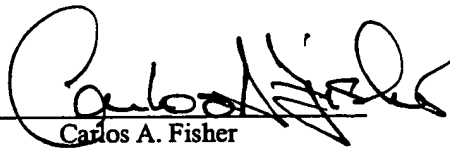
The fee has been calculated as shown below:

CLAIMS AS FILED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	6	MINUS	20	= 0 x.	\$18	= \$0.00
Independent Claims	2	MINUS	3	= 0 x	\$84	= \$0.00
If application has been amended to contain multiple dependent claim(s), then add				No	\$280	= \$0.00
(Select only one)				one month	\$110	= \$
Time Extension Fees:				two months	\$400	= \$
				three months	\$920	= \$
				four months	\$1,440	= \$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

- () A check in the amount of \$* is enclosed (place fee in here i.e., petition, excess claims, etc.)
- (X) The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 (associated with petition fees or excess claim fees) which may be required, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

Date: 10/23/01

Signature: 
 Carlos A. Fisher
 Registration No. 36,510
 Legal Department, T2-7H
 ALLERGAN, INC.
 2525 Dupont Drive
 Irvine, CA 92612
 Telephone: (714) 246-4920
 Fax: (714) 246-4249